

Notice of Alleged Safety or Health Hazards: **Kentucky Labor Cabinet**
Department of Workplace Standards
Division of Occupational Safety and Health Compliance

For the General Public:

This form is provided for the assistance of any complainant and is not intended to constitute the exclusive means by which a complaint may be registered with the Kentucky Labor Cabinet

KRS Chapter 338.121 (Relating to Occupational Safety and Health) provides:

“Any employee, or representative of employees, who believes that a violation of an occupational safety and health standard exists that threatens physical harm, or that an imminent danger exists, may request an inspection by giving notice to the commissioner of such violation or danger. Any such notice shall be reduced to writing, shall set forth with reasonable particularity the grounds for the notice, and shall be signed by the employees or representative of employees, and a copy shall be provided the employer or his agent no later than at the time of inspection, except that, upon the request of the person giving such notice, his name and the names of individual employees referred to therein shall not appear in such copy.”

INSTRUCTIONS:

Open the form and complete through items 18 as accurately and completely as possible. Describe each hazard you think exists in as much detail as you can. If the hazards described in your complaint are not all in the same area, please identify where each hazard can be found at the worksite. If there is any particular evidence that supports your suspicion that a hazard exists (for instance, a recent accident or physical symptoms of employees at your site) include the information in your description. If you need more space than is provided on the form, continue on any other sheet of paper.

After you have completed the form, return it to:

KENTUCKY LABOR CABINET
DEPARTMENT OF WORKPLACE STANDARDS
DIVISION OF OSH COMPLIANCE
1047 US HWY 127 SOUTH, SUITE 4
FRANKFORT, KY 40601

FAX: 502-564-5723

PHONE: 502-564-3070

Notice of Alleged Safety or Health Hazard
Kentucky Labor Cabinet
Division of Occupational Safety and Health Compliance

1. Date:	Complaint Number:
2. Employer Name:	
3. Site Location: (Street, City, State, Zip)	
4. Mailing Address: (Street, City, State, Zip)	
5. Management Official:	6. Telephone Number:
7. Type of Business:	
8. Hazard description: Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard	
9 Hazard Location: Specify the building or worksite	

10. Has the condition been brought to the attention of: (mark and "X" in all that apply) <input type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency (specify)			
11. Please indicate your desire: (mark "X") <input type="checkbox"/> Do not reveal my name <input type="checkbox"/> My name may be revealed to employer			
12. The undersigned: (mark "X") <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety & Health Committee <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Employer <input type="checkbox"/> Representative of Employees			
.....believes that a violation of Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.			
13. Complainant Name:		14. Telephone Number:	
15. Address: (street, State, Zip)			
16. Signature:		17. Date:	
18. If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title: (Organization Name): (Your title):			
THIS SECTION IS FOR OFFICE USE ONLY			
19. Reporting ID:	20. Previous Activity: If yes Type	21. City Code: Number:	22. County Code:
23. Received by:	24. Date:	25. Supervisor Assigned	A. B.
26. Primary SIC:			
27. Ownership (mark "X") <input type="checkbox"/> Private Sector <input type="checkbox"/> Local Government <input type="checkbox"/> State Government <input type="checkbox"/> Federal Agency			
28. Evaluated by:			
29. Subject and Severity:	Safety <input type="checkbox"/> Health <input type="checkbox"/>	Imminent Danger <input type="checkbox"/> Imminent Danger <input type="checkbox"/>	Serious <input type="checkbox"/> Serious <input type="checkbox"/> Other: Other:
30. Discrimination:			
31. Is complaint valid?	32. Formality: Formal <input type="checkbox"/> Informal <input type="checkbox"/>	32. Migrant Farm worker Camp	
33. Inspection planned?	<u>Priority:</u>	If NO, reason:	
34. Transfer information:		35. Date transferred:	
36. Send Letter: <input type="checkbox"/> d. Nonformal Complaint Notification to Employer, Complainant Notified. Explanation of Employee's Rights <input type="checkbox"/> e. Complaint Notification with letter. Name not revealed. Explanation of Employee Rights			
37. Date Letter Sent:	38. Response due for letter d.	39. Response due for letter e.	
40. COMMENTS:			